



Hospital Fiscal Report
 State Form 49520 (R2 /7-02)
 (Form approved by State Board of Accounts, 2000)

Status: Finalized

I. Identification of Organization

Hospital Name: UNITY MEDICAL AND SURGICAL HOSPITAL

City of Hospital: Mishawaka

Year Begin: 01/01/2014 (mm/dd/yyyy format)

Year End: 12/31/2014 (mm/dd/yyyy format)

Person Completing the Report: Denys Boyer

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Medicare Provider Number: 150177

Statement One: Summary of Revenue and Expenses

1. Gross Patient Service Revenue

Inpatient Patient Service Revenue	\$53831571
Outpatient Patient Service Revenue	\$28694274
Total Gross Patient Service Revenue	\$82525845

2. Deductions From Revenue

Contractual Allowance	\$53521364
Other Deductions	\$0
Total Deductions	\$53521364

3. Total Operating Revenue

Net Patient Service Revenue	\$29004480
Other Operating Revenue	\$-571797
Total Operating Revenue	\$28432683

4. Operating Expenses

Salaries and Wages	\$5252430	Employee Benefits	\$566731
Depreciation and Amortization	\$3453463	Interest Expense	\$3923834
Bad Debt	\$1048401	Other Expenses	\$24659830
Total Operating Expenses	\$38904689		

5. Net Revenue and Expenses

Excess Revenue over Expenses	\$-10472006	Total Assets	\$33724297
Net Non-operating Gains over Loss	\$0	Total Liabilities	\$48438838

Total Net Gains	\$-10472006
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Statement Two: Contractual Allowance

Revenue Source	Gross Patient Revenue	Contractual Allowance	Net Patient Service Allowance
Medicare	\$34529687	\$23928305	\$10601382
Medicaid	\$1666949	\$1354686	\$312263
Other Government	\$2224998	\$1833095	\$391903
Other State	\$0	\$0	\$0
Other Payers	\$44104211	\$26405279	\$17698932
Total	\$82525845	\$53521365	\$29004480

Statement Three: Donations Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Donations	\$0	\$33212	\$-33212

Statement Four: Research Statement

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Research	\$0	\$0	\$0

Statement Five: Education Statement

Education of	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Medical Professionals	\$0	\$125668	\$-125668
Hospital Patients	\$0	\$0	\$0
Community Education	\$0	\$0	\$0

Number of Medical Professionals Trained	\$61
Number of Hospital Patients Educated	2096
Number of Citizens Exposed to Health Education Messages	\$0

Statement Six: Charity Statement

Hospital Charity Charges	\$0
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	Payments from Clients	Less Costs to Hospital	Unreimbursed Costs to Hospital
Charity Care	\$0	\$318777	
HCI Payments	\$0		
Subtotal	\$0	\$318777	\$-318777
Medicaid Shortfalls	\$0	\$0	
Subtotal	\$0	\$0	\$0
DSH Payments	\$0		
Subtotal	\$0	\$0	\$0
Medicare Shortfalls	\$0	\$0	
Other Government Programs	\$0	\$0	
Total	\$0	\$0	\$0

Statement Seven: Subsidized Health Services for the Community

	Estimated Incoming Revenue	Estimated Outgoing Expenses	Net Dollar Gain or Loss
Community Programs	\$0	\$0	\$0
Community Assessment	\$0	\$0	\$0
Provision of Taxes	\$0	\$290050	\$-290050
Other Allocations	\$0	\$0	\$0

Comments

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